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CONFIRMATION NO. 6944

<b>SERIAL NUMBER</b> 10/774,208	<b>FILING OR 371(c) DATE</b> 02/05/2004 <b>RULE</b>	<b>CLASS</b> 800	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> 39691-0002A
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**APPLICANTS**  
 Roland Buelow, Palo Alto, CA;  
 Wim van Schooten, Sunnyvale, CA;  
 QN OK

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/445,393 02/05/2003 QN OK

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 05/06/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: [Signature] Initials: QN				

**ADDRESS**  
25213

**TITLE**  
Suppression of endogenous immunoglobulin expression in transgenic non-human animals expressing humanized or human antibodies

<b>FILING FEE RECEIVED</b> 1448	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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